ARIZONA DEPARTMENT OF REAL ESTATE



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Persons with disabilities who need this document in an alternative format should contact Business Services At 602.468.1414, ext. 101, or IADA@re.state.az.us to make their needs known.

INSTRUCTOR / OWNER / ADMINISTRATOR UPDATE Form No. ED-108

To update existing approval as a real estate instructor, school owner or administrator, review the information you previously filed with the Arizona Department of Real Estate ("Department"). If more than 60 days have lapsed since your prior approval expired, the Department will no longer have your prior application. Attach additional pages as needed. If you are not currently approved (see the public database at www.azre.gov), do not use this form, instead use the Instructor's Statement of Qualifications, form ED-101, or Owner/Administrator Statement of Qualifications, form ED-106, as applicable, and provide the supporting documentation.

APPLICANT INFORMATION AND CERTIFICATION

Legal Name:		Approval #:
Mailing Address:		
City, State ZIP:		
Telephone:	Facsimile (optional):	Email (optional):
I am an (check all that apply):	Instructor Owner	Administrator
I have reviewed the information	I previously filed with the Departm	ent by a real estate school on my behalf.
My contact information ha	as changed.	
My qualifications have no	t changed.	
My qualifications have ch (include degrees or designations	C	sheet and/or as disclosed in response to the Questionnaire

OUESTIONNAIRE

Review Form No. LI-244, Renewal/Reinstatement Questionnaire, available on the Department's website. If, based on how you would be required to answer the questions on Form LI-244, your qualifications have changed, you must provide a written statement and may be required to provide additional information, to be determined based upon your written statement. Please note that you are required to report changes in your qualifications, including, without limitation, convictions, adverse judgments, disciplinary action against professional licensees you hold, and recovery fund payments. Note that you are required to report some changes in writing within 10 days of the change. A.A.C. R4-28-301 and R4-28-404.

ATTESTATION

By my signature below, I hereby affirm under penalty of perjury under the laws of the State of Arizona that:

- I have reviewed the statutory and rule requirements set forth in A.R.S. Title 32, Chapter 20, and Arizona Administrative Code, Title 4, Chapter 28 (including, without limitation, A.R.S. § 32-2135 and AAC R4-28-401 through R4-28-405). If licensed as an Instructor, Owner or Administrator, I will not violate any provisions of the Real Estate Law nor abuse the privileges of that license.
- In the event of a change in my qualifications, I will provide written notice to the Department as required under AAC R4-28-404 and/or R4-28-301.
- I will ensure that I only issue real estate credit to students who have attended and/or completed an approved real estate course, and only for the credit hours and category of credit for which the Department has approved the course. I acknowledge that issuance of any false certification for real estate course completion is grounds for suspension or withdrawal (revocation) of

	school certification, instructor approval, and may affect other lie A.R.S. $\S\S$ 32-2135 and 32-2153	enses issued to me or to c	companies that I own or control.			
•	I acknowledge that the Commissioner may investigate the actions of the School and any school owner, administrator, director and instructor acting in behalf of the School, and may at any reasonable time examine the books and records of the School used in connection with offering courses for real estate credit. I will allow for and accommodate the Department's representative to audit or monitor any real estate course which has been approved or for which approval is pending.					
•	The foregoing answers and statements given in this application and attachments are true and correct to the best of my knowledge and belief. I understand that in the event there has been any misrepresentation or willful omission in this application or in any attachments hereto, any approval that may have been granted is subject to suspension or withdrawal (revocation) at any time.					
•	I authorize the Department to contact any and all persons who it application and do further authorize any person contacted to rele		irm any information contained in thi	s		
App	plicant's Signature:	Date:				
	te School. This portion is to be completed by an authorized reprose behalf the Applicant will act as Administrator, or (3) for which					
School's Legal Name: School			Approval #:			
	ave reviewed the instructor's qualifications and credentials and he that apply): Instructor Owner Administration		nent approve this Applicant as (check			
If a	n Instructor, the courses this applicant will teach at the school	l are:				
sub	nool Representative: List by approved title and number the course mitted for review or is being submitted with this application and arse title and insert the word "New" in the space provided for the course title and insert the word "New" in the space provided for the course title and insert the word "New" in the space provided for the course title and insert the word "New" in the space provided for the course title and insert the word "New" in the space provided for the course title and insert the word "New" in the space provided for the course title and insert the word "New" in the space provided for the course title and insert the word "New" in the space provided for the course title and the	the Department has not ap	oproved or denied the course, list the	•		
1	COURSE TITLE		ADRE-APPROVED COURSE NUMBER			
1						
		·				
3		_				
Ow	ner/Administrator Name:	Dat	te:			
Ow	ner/Administrator Signature:					
	CERTIFICATE OF INSTI	RUCTOR APPROV	ΔΙ.			
	(To be completed by Department					
	Approved Denied (Requires separate letter from author	ized Department represei	ntative.)			
App	Approval No Effective Date: Approval Exp. Date:		xp. Date:			
Sch	School No.:Course #s Approved to Teach:					
Cor	mments:					
Dat	ee: By:					

APPLICANT NAME:

NO.:____